Recipient Committee CALIFORNIA Campaign Statement FORM Cover Page 1 of 54 Date of election if applicable: Statement covers period KEP 30 M II: 42 (Month, Day, Year) For Official Use Only July 1, 2020 from November 3, 2026 September 19, 2020 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure ☐ Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report O Recall O Controlled Termination Statement (Also Complete Part 5) Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) ☐ General Purpose Committee ☐ Primarily Formed Candidate/ O Sponsored Added Schedule I to line 14 and recalculated totals on summary O Small Contributor Committee Officeholder Committee (Also Complete Part 7) page and corrected subtotals on pages 4, 24 + 37 O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1427044 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kimberlee Belli Foley for Mayor 2020 MAILING ADDRESS 1072 Bristol Street, Suite 101 STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE 1072 Bristol Street, Suite 101 Costa Mesa CA 92626 949-502-8800 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE Costa Mesa CA 92626 949-502-8800 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY AREA CODE/PHONE CITY STATE ZIP CODE ZIP CODE STATE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Executed on Executed on Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on _ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIF FC	ORN ORM	IIA Z	460	0	
Page _	2	_ of _	54	_	

. Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Katrina Foley						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Mayor of Costa Mesa						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder, candidate	e, or state measure pr	oponent, if any.
1072 Bristol Street Costa M	Mesa CA 92626		NAME OF OFFICEHOLDER, CANE			
Related Committees Not included in this Star not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	D. IF ANY
COMMITTEE NAME	I.D. NUMBER				<u></u>	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeh for which this co	older Committee nmittee is primarily fon	List names of med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR CA	ANDIDATE	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
CITY STATE ZIP C			NAME OF OFFICEHOLDER OR CA	ANDIDATE C	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE C	FFICE SOUGHT OR HELI	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. 8	DX)					
CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuation :	sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
Foley for Mayor 2020				1427044
NAME OF FILER				I.D. NUMBER
SEE INSTRUCTIONS ON REVERSE		through	September 19, 2020	Page3 of54
Summary Page		from	July 1, 2020	FORM 460

1 diey for Mayor 2020			1427044
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$ 48,205.20	\$81,087.20	General Elections
2. Loans Received	0	0	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 48,205.20	\$ 81,087.20	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	3,792.50	3,792.50	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$51,997.70	\$84,879,70	Made \$ \$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4			Candidates
7. Loans Made Schedule H, Line 3	0	0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7		\$58,997,28	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$57,985.41	\$58,997,28	\$
Current Cash Statement			/ \$
12. Beginning Cash Balance Previous Summary Page, Line 16		To calculate Column B.	
13. Cash Receipts Column A, Line 3 above	48,205.20	add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4	3,000.00	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	57,985.41	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$25,676.22	be negative figures that	
If this is a termination statement, Line 16 must be zero.		should be subtracted from previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts	·	from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$0	J	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0		FPPC Form 460 (Jan/2016)
		I	FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule	Α Α	nts may be rounded				SCH	HEDULE A	
	Contributions Received	to	whole dollars.					160
SEE INSTRUCTION	ONS ON REVERSE			through Septemb	per 19, 2020	Page	of	54
NAME OF FILER	ONS ON REVERSE			I.D. NU	IMRER			
Foley for I	Mayor 2020					14270		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DA' (IF REQUI	ΓE
07/01/20	Terri Fuqua	☑IND □COM □OTH □PTY □SCC	Retired	20.20	210.	80		
07/27/20	Terri Fuqua	Z IND COM OTH PTY SCC	Retired	20.20	210.	80		
08/28/20	Terri Fuqua	IND COM OTH PTY	Retired	20.20	210.	80		
09/19/20	Terri Fugua	IND COM OTH PTY SCC	Retired	30.00	210.	80		
07/01/20	Mary Howard	IND COM OTH PTY		50.00	100.	00		
			SUBTOTAL \$	140.60				
Schedule	A Summary				*Con	tributor C	Codes	$\overline{}$
1. Amount re	eceived this period – itemized monetary contributions.		\$	43,847.60	IND-	- Individu - Recip	ıal ient Committee	
·	eceived this period – unitemized monetary contribution			4,357.60	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party			entity)
3. Total mon	etary contributions received this period.			48,205.20			al Party Contributor Co	mmittee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Monetary NAME OF FILER	Contributions Received	to whole	dollars.		ers period , 2020 19, 2020	Page _	
Foley for M	ayor 2020					1.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/01/20	Paul Kelly	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
07/01/20	Sanda Martin	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
07/06/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	20.20	125.	80	
08/09/20	Imran Patel	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Banker Wells Fargo Bank	10.00	125.	80	
08/22/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	20.20	125.	80	
			SUBTOTAL S	250.40			

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole o				FORNIA 460	
		//www		through	, 2020	Page_	
NAME OF FILER						I.D. NU	1
Foley for M	ayor 2020					14270)44
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/29/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	20.20	125.	80	
08/29/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	10.00	125.	80	
08/31/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	20.20	125.	80	
09/18/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	15.00	125.	80	
09/19/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	10.00	125.	80	
			SUBTOTAL	75.40			

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Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

	Contributions Received	Amounts may to whole o		from July 1, 2020			FORNIA 460 7 of 54
NAME OF FILER Foley for M	ayor 2020			1.D. NU			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/08/20	John Thornton 4701 Von Karman Avenue, Suite 300 Newport Beach, CA 92626	☑IND □COM □OTH □PTY □SCC	Attorney Andrews & Thornton	250.00	250.	.00	
07/13/20	Constance Boardman	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	.00	
07/13/20	Patrick Kelly	IND COM OTH PTY SCC	Retired	100.00	200.	.00	
07/29/20	Patrick Kelly	ZIND COM OTH PTY SCC	Retired	100.00	200.	.00	
07/13/20	Joni Nichols	☑IND □COM □OTH □PTY □SCC	Retired	20.20	130.	.80	
	SUBTOTAL\$ 570.20						

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(other than PTY or SCC)

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 4 0 0

Statement covers period

	to whole donals.				, 2020	FORM 460	
				through Sept.	19, 2020	Page	8 of 54
NAME OF FILER					100 in	I.D. NUM	BER
Foley for N	layor 2020	,		10 and 10		142704	14
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/27/20	Joni Nichols	DIND COM OTH PTY scc	Retired	20.20	130.8	80	
08/26/20	Joni Nichols	☑IND □COM □OTH □PTY □SCC	Retired	20.20	130.8	80	
07/16/20	Melinda Seely	☑IND □COM □OTH □PTY □SCC	Retired	50.00	250.0	00	
08/22/20	Melinda Seely	☑IND □COM □OTH □PTY □SCC	Retired	200.00	250.0	00	
07/16/20	Tim Taber	☑IND □COM □OTH □PTY □SCC	CEO Tansparent Productions	100.00	150.0	00	
			SUBTOTAL	\$ 390.40			

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

	Contributions Received	to whole dollars.			FORNIA 460 9 of 54		
NAME OF FILER Foley for Mayor 2020						1.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/19/20	Tim Taber	☑IND □COM □OTH □PTY □SCC	CEO Transparent Productions	50.00	150.	00	
07/17/20	National Union of Healthcare Workers 1787 Tribute Road, Suite K Sacramento, CA 95815	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	500.	00	
07/19/20	Cl Miller	☑IND □COM □OTH □PTY □SCC	Property Manager Self-Employed	50.00	130.	80	
08/01/20	CL Miller	☑IND □COM □OTH □PTY □SCC	Property Manager Self-Employed	20.20	130.	80	
08/31/20	CL Miller	☑IND □COM □OTH □PTY □SCC	Property Manager Self-Employed	20.20	130.	80	
			SUBTOTAL	640.40			

*Contributor Codes

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PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

			141	from July 1, 2020			10	460
				through Sept		Page_	of	54
NAME OF FILER	0000					I.D. NU	MBER	
Foley for Ma	yor 2020					14270)44	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELE TO DA (IF REQU	NTE
09/01/20	CL Miller	☑IND □COM □OTH □PTY □SCC	Property Manager Self-Employed	20.20	130.	80		
7/23/20	Carina Franck-Pantone	IND COM OTY SCC	Consultant/Fundraiser The Franck Firm	5.00	165.	60		
07/25/20	Carina Franck-Pantone	□ SCC	Consultant/Fundraiser The Franck Firm	20.20	165.	60		
08/24/20	Carina Franck-Pantone	☑IND □COM □OTH □PTY □SCC	Consultant/Fundraiser The Franck Firm	20.20	165.	60		
09/19/20	Carina Franck-Pantone	ØIND ☐COM ☐OTH ☐PTY ☐SCC	Consultant/Fundraiser The Franck Firm	100.00	165.0	60		
			SUBTOTAL \$	165.60				

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Statement covers period		CALIFORNIA ACO
from	July 1, 2020	FORM 46U
through Sept. 19, 2020	Page 11 of 54	
		I.D. NUMBER

1427044

NAME OF FILER
Foley for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/24/20	Peter Whittingham 31441 Santa Margarita Parkway, Suite A181 Rancho Santa Margarita, CA 92688	☑IND □COM □OTH □PTY □SCC	CEO Whittingham Public Affairs Advisors	249.00	249.00	
07/25/20	Corinne Stover	☑IND □COM □OTH □PTY □SCC	Retired	25.00	105.00	
07/30/20	Corinne Stover	☑IND □COM □OTH □PTY □SCC	Retired	10.00	105.00	
08/24/20	Corinne Stover	☑IND □COM □OTH □PTY □SCC	Retired	25.00	105.00	
08/30/20	Corinne Stover	ZIND COM OTH PTY SCC	Retired	10.00	105.00	
			SUBTOTALS	319.00		

*Contributor Codes

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(other than PTY or SCC)

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA ACO

Statement covers period

				from July 1	, 2020	FO	RM 400
				through Sept.	19, 2020	Page	12 of 54
NAME OF FILER Foley for M	1ayor 2020			1.D. NUM 14270	1		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/27/20	Robert Bauman	☑IND □COM □OTH □PTY □SCC	Owner/Engineer Lynx Studio Technology, Inc.	125.00	175.	00	
08/24/20	Robert Bauman	☑IND □COM □OTH □PTY □SCC	Owner/Engineer Lynx Studio Technology, Inc.	50.00	175.	00	v
07/27/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	20.20	. 294.	00	
07/31/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	20.20	294.	00	
08/27/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	20.20	294.	00	
			SUBTOTAL	\$ 235.60			

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Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

Statement covers period

·		from July 1 through Sept.	FORM 460 Page 13 of 54									
NAME OF FILER						I.D. NUN						
Foley for M	layor 2020			272 N=====3		14270						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CALENDAR YEAR		CALENDAR YEAR		PER ELE TO D (IF REQ	ATE
08/28/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	43.00	294.00		294.00					
08/31/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	20.20	294.0	00						
08/31/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	50.00	294.00							
07/27/20	Ken Fait	DIND COM OTH PTY SCC	Retired	2,500.00	3,000.	00		080 - C. J.C.				
09/19/20	Ken Fait	☑IND □COM □OTH □PTY □SCC	Retired	500.00	3,000.0	00						
			SUBTOTALS	\$ 3,113.20		.,,						

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PTY - Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from July 1, 2020 through Sept 19, 2020		CALIFORNIA 460 Page 14 of 54	
NAME OF FILER Foley for IV	layor 2020			100		1.D. NUI	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
07/27/20	Diana Hensley	☑IND □COM □OTH □PTY □SCC	Psychologist Self-Employed	100.00	100.00		
07/27/20	Pet Expertise 1175 Baker Street, E-19 #122 Costa Mesa, CA 92626	□IND □COM □OTH □PTY □SCC		100.00	100.	00	
07/28/20	Peggie Fariss	Z IND COM OTH PTY SCC	Retired	20.20	309.	60	
08/24/20	Peggie Fariss	☑IND □COM □OTH □PTY □SCC	Retired	249.00	309.	60	
08/28/20	Peggie Fariss	☑IND □COM □OTH □PTY □SCC	Retired	20.20	309.	60	

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

			ж.	from July 1	, 2020	FORM	400
				through Sept	19, 2020	Page 15	of54
NAME OF FILER					1	I.D. NUMBER	
Foley for M	ayor 2020	,				1427044	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DEC. (JAN. 1 - DEC.)	AR .	RELECTION TO DATE REQUIRED)
07/28/20	Nathan Holthouser 204 Main Street, Suite 750 Newport Beach, CA 92661	☑IND □COM □OTH □PTY □SCC	Real Estate Nathan Holthouser	500.00	500.0	00	
07/28/20	Michelle Schuller	☑IND □COM □OTH □PTY □SCC	Retired	125.00	125.0	00	
07/29/20	Susan Dvorak	☑IND □COM □OTH □PTY □SCC	Not Employed	50.00	201.0	00	
07/31/20	Susan Dvorak	☑IND □COM □OTH □PTY □SCC	Not Employed	50.00	201.0	00	
08/09/20	Susan Dvorak	☑IND □COM □OTH □PTY □SCC	Not Employed	1.00	201.0	00	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

SCHEDULE A (CONT.)

-	Contributions Received	to whole		110111	ers period , 2020 19, 2020		FORNIA 460 16 of 54
Foley for N	layor 2018				1.D. NU		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
07/29/20	Stephanie Campbell	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.	00	
07/29/20	Andrew Gallagher	☑IND □COM □OTH □PTY □SCC	Not Employed	20.20	120.	20	
07/29/20	Joanna Jost	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Analyst Hyundai	20.20	160.	60	
08/28/20	Joanna Jost	☑IND □COM □OTH □PTY □SCC	Analyst Hyundai	20.20	160.	60	
09/19/20	Joanna Jost	☑IND □COM □OTH	Analyst Hyundai	100.00	160.	60	

PTY □scc

> SUBTOTAL\$ 260.60

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

from _

through_

Sept. 19, 2020

SCHEDULE A (CONT.) Statement covers period CALIFORNIA July 1, 2020 FORM

I.D. NUMBER 1/270//

Foley for M	layor 2020	,		116 311	14	127044		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA' CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE		
07/29/20	Barbara Morihiro	☑IND □COM □OTH □PTY □SCC	Retired	20.20	170.20			
08/31/20	Barbara Morihiro	☑IND □COM □OTH □PTY □SCC	Retired	50.00	170.20			
07/30/20	Kristen Howerton	☑IND □COM □OTH □PTY □SCC	Author Rage Against the Minivan	100.00	300.00			
08/30/20	Kristen Howerton	☑IND □COM □OTH □PTY □SCC	Author Rage Against the Minivan	100.00	300.00			
07/30/20	Lucille Raymond	☑IND □COM □OTH □PTY □SCC	Secretary AmTrust	20.20	185.20			
	SUBTOTAL\$ 290.40							

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(other than PTY or SCC)

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from July 1, 2020	CALIFORNIA 460
through Sept. 19, 2020	Page 18 of 54
	I.D. NUMBER

Foley for Mayor 2020 1427044 AMOUNT IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TODATE CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **☑**IND Lucille Raymond Secretary Псом 08/30/20 20.20 185.60 **AmTrust** Потн PTY □scc **☑**IND Lucille Raymond Secretary □сом 08/31/20 50.00 185.60 **AmTrust** □отн **□**PTY SCC **☑**IND Lucille Raymond Secretary □сом 09/10/20 25.00 185.60 **AmTrust** ⊟отн □ PTY ⊟scc **☑**IND Retired Dinah Frieden □сом 100.00 200.00 07/31/20 □отн □ PTY □scc **☑**IND Dinah Frieden Retired СОМ 50.00 200.00 09/19/20 □отн □ PTY □scc SUBTOTAL\$ 245.20

*Contributor Codes

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(other than PTY or SCC)

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA

Statement covers period

	*	from July 1	, 2020	FORM 400			
				through Sept.	19, 2020	Page_	19 of 54
NAME OF FILER						I.D. NU	
Foley for M	layor 2020				14270)44	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
07/31/20	Flo Martin	☑IND □COM □OTH □PTY □SCC	Retired	500.00	1,000.	00	
08/28/20	Flo Martin	DIND COM OTH PTY SCC	Retired	500.00	1,000.	00	
07/31/20	Dianne Russell	DIND COM OTH SCC	Retired	20.20	140.	40	
08/29/20	Dianne Russell	IND COM OTH PTY	Retired	20.20	140.	40	
08/31/20	Dianne Russell	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	50.00	140.	40	
			SUBTOTAL	\$ 1,090.40			

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PTY - Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Contributions Received	to whole o			ers period , 2020 19, 2020		FORNIA 460 20 of 54		
NAME OF FILER						I.D. NU	MBER		
Foley for Ma	ayor 2020					14270)44		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
08/04/20	Terrence Dickinson	☑IND □COM □OTH □PTY □SCC	Engineer Broadcom	249.00	249.00		249.00		
08/08/20	Laborors International Union of North America 1532 Chestnut Avenue Santa Ana, CA 92701	□ND □COM □PTY □SCC		2,500.00	2,500.00				
08/07/20	Robert Taft	☑IND □COM □OTH □PTY □SCC	Owner The Healing Plant of CA	249.00	249.	00			
08/10/20	Kathy Esfahani	☑IND □COM □OTH □PTY □SCC	Attorney California Court of Appeal	50.00	250.	00			
8/24/20	Kathy Esfahani	☑IND □COM □OTH □PTY □SCC	Attorney California Court of Appeal	50.00	250.	00			

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Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.			
Stat	ement covers period	CALIFORNIA ACO			
from	July 1, 2020	FORM 460			
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through	Sept. 19, 2020	Page 21 of 54			
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Foley for M	1ayor 2020				11	1.D. NUN 14270	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
09/10/20	Kathy Esfahani	☑IND □COM □OTH □PTY □SCC	Attorney California Court of Appeal	50.00	250.00		
08/10/20	Lynn Mickadeit	□IND □COM □OTH □PTY □SCC	Retired	100.00	120.2	20	
08/12/20	Sonia Cooper	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	200.0	00	
09/18/20	Sonia Cooper	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	200.0	00	
08/16/20	Diana Springer	☑IND □COM □OTH □PTY □SCC	Retired	100.00	200.0	00	
-							

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Type or print in ink. Amounts may be rounded to whole dollars.

			SCHE	DULE	A (CONT.)
Stat	ement covers period July 1, 2020		FORNI ORM	A	460
through	Sept. 19, 2020	Page _	22	of_	54
		I.D. NU	MBER		

Foley for M	layor 2020		μ			14270	044
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO I CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
09/16/20	Diana Springer	☑IND □COM □OTH □PTY □SCC	Retired	100.00	200.0	00	
08/17/20	Christine Cameron	☑IND □COM □OTH □PTY □SCC		100.00	100.0	00	
08/24/20	Deborah Koken	☑IND □COM □OTH □PTY □SCC	Marketing Representative Associate Hyundai Motor America	100.00	100.0	00	
08/17/20	Charles Mooney	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	1,100.0	00	
08/17/20	Paula Tomei	☑IND □COM □OTH □PTY □SCC	Managing Director South Coast Repertory	100.00	100.0	0	
	SUBTOTAL\$ 1,400.00						

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Type or print in ink.

Amounts may be rounded to whole dollars.

| SCHEDULE A (CONT.)
| Statement covers period | FORM | 460 |
| through | Sept. 19, 2020 | Page | 23 | of | 54 |
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NAME OF FILER Foley for M	layor 2020					I.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/18/20	Tara Steele	☑IND □COM □OTH □PTY □SCC	Consultant Self-Employed	100.00	100.00		
08/20/20	Mathew Carver	DIND COM OTH PTY SCC	CEO Barn Life, LLC	500.00	500.00		
08/20/20	Seymour Everett 18300 Von Karmen, Suite 900 Irvine, CA 92612	☑IND □COM □OTH □PTY □SCC	Attorney Everett Dorey	2,500.00	2,500.00		
08/22/20	Laura Oatman	☑IND □COM □OTH □PTY □SCC	Architect Oatman Architects	249.00	249.00		
08/24/20	Anne Andrews 4701 Von Karman Avenue, Suite 300 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Partner Attorney Andrews & Thornton	249.00	249.	00	
			SUBTOTALS	3,598.00			

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from.

July 1, 2020

				through Sept. 19, 2020 Page 24			24 of 54
Foley for M	layor 2020					1.D. NUI 14270	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/24/20	Mary Bayer	☑IND □COM □OTH □PTY □SCC	Not Employed	20.20	132.40		
08/24/20	Mary Bayer	☑IND □COM □OTH □PTY □SCC	Not Employed	12.20	132.40		
08/24/20	Elaine Bradley	☑IND □COM □OTH □PTY □SCC	Bartender Bungolow	125.00	225.00		
08/24/20	Karen Cohn	☑IND □COM □OTH □PTY □SCC	Not Employed	249.00	249.00		
08/24/20	Irene Engard	☑IND □COM □OTH □PTY □SCC	Bookkeeper Dynamic Financial	50.00	100.00		
			SUBTOTAL	\$ 456.40			

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NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.
Statement covers period from July 1, 2020	CALIFORNIA 460
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Foley for M	ayor 2020				10	14270	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
08/24/20	Cheryl Fischer	□IND □COM □OTH □PTY □SCC	Not Employed	50.00	170.	20	
08/30/20	Cheryl Fischer	☑IND □COM □OTH □PTY □SCC	Not Employed	50.00	170.	20	
09/12/20	Cheryl Fischer	☑IND □COM □OTH □PTY □SCC	Not Employed	20.20	170.	20	
09/19/20	Cheryl Fischer	IND COM OTH PTY SCC	Not Employed	50.00	170.	20	
08/24/20	Gretchen Fry-Harvey	☑IND □COM □OTH □PTY □SCC	Sales Representative Ticor Title Company	100.00	150.	00	
SUBTOTAL\$ 270.20							

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Type or print in ink.
Amounts may be rounded to whole dollars.

-27		SCHEDULE A (CONT.)
Stat	ement covers period July 1, 2020	CALIFORNIA 460
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Foley for M	1ayor 2020					1.D. NU 14270	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/19/20	Gretchen Fry-Harvey	☑IND □COM □OTH □PTY □SCC	Sales Representative Ticor Title Company	50.00	150.00		
08/24/20	Jane Kearl	☑IND □COM □OTH □PTY □SCC	Attorney Watt Tieser	100.00	100.00		
08/24/20	Lizbeth McNabb	☑IND □COM □OTH □PTY □SCC	District Coordinator State of California	100.00	200.00		<u> </u>
08/24/20	Michael Moussalli 3505 Cadillac Avenue, Bldg M, Suite 101 Costa Mesa, CA 92626	☑IND □COM □OTH □PTY □SCC	Owner Se7enleaf	249.00	249.00		
08/24/20	Audrey Prosser	☑IND □COM □OTH □PTY □SCC	Real Estate Self-Employed	25.00	125.	00	
			SUBTOTAL \$	524.00			

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Type or print in ink.
Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Stat	ement covers period July 1, 2020	CALIFORNIA 460
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Foley for M	layor 2020					14270	044
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
08/24/20	Michael Ray 4667 MacArthur Boulevard, Suite 420 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Real Estate Developer Self - Sanderson J. Ray Development	249.00	249.00		
08/24/20	Shaheen Sadeghi	☑IND □COM □OTH □PTY □SCC	Owner Lab L.P.	249.00	249.0	00	
08/24/20	Nancy Skinner	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Not Employed	50.00	100.0	00	
09/10/20	Nancy Skinner	☑IND □COM □OTH □PTY □SCC	Not Employed	50.00	100.0	00	
08/24/20	Bill Turpit	☑IND □COM □OTH □PTY □SCC	Attorney Jackson Tidus	249.00	249.(00	
	SUBTOTAL\$ 847.00						

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OTH - Other (e.g., business entity) PTY - Political Party

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SCHEDULE A (CONT.) CALIFORNIA 460 Statement covers period July 1, 2020 from Sept. 19, 2020 28 through. I.D. NUMBER

NAME OF FILER Foley for Mayor 2020 1427044 IF AN INDIVIDUAL, ENTER AMOUNT FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER **RECEIVED THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CALENDAR YEAR TODATE CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **Z**IND Casey Johnson Attorney □сом 08/25/20 249.00 Aitken Aitken Cohn 249.00 Потн □ PTY □scc **V**IND Irma Moisa Attorney □сом 08/25/20 249.00 249.00 Atkinson Andelson Потн **□** PTY □ SCC **☑**IND Coralee Newman Consultant □сом 08/25/20 249.00 1048 Irvine Avenue, Suite 618 249.00 Government Solutions, Потн Newport Beach, CA 92660 Inc. □ PTY □scc **Orange County Employees Association** COM 08/25/20 5.000.00 5,000.00 1121 L. Street, Suite 200 □отн Sacramento, CA 95814 □ PTY SCC **☑**IND Linda Sadeghi Retired ПСОМ 08/25/20 249.00 249.00 □отн □ PTY ☐ SCC SUBTOTAL\$ 5,996.00

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PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may to whole o		Statement covers period fromJuly 1, 2020		california 46			
				through Sept.	19, 2020	Page_	of54		
NAME OF FILER						I.D. NU	2		
Foley for M	layor 2020					14270)44		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
08/25/20	Annette Wiley 220 Newport Center Drive 11-166 Newport Beach, CA 92660	☑IND □COM □OTH □PTY □SCC	Architect Wiley Architect	125.00	125.00				
08/26/20	Kimberlee Belli	☑IND □COM □OTH □PTY □SCC	Paralegal The Foley Group, PLC	249.00	249.00				
08/26/20	Adel Hijazi	☑IND □COM □OTH □PTY □SCC	Long Beach Collectives Association Self-Employed	249.00	249.00				
08/26/20	Jennifer Johnson	☑IND □COM □OTH □PTY □SCC	Not Employed	249.00	249.00				
08/26/20	Kiwi Nail Lounge LLC 4612 E. 2nd Street, Unit B Long Beach, CA 90803	☐IND ☐ICOM ☐OTH ☐PTY ☐SCC		249.00	249.00				
			SUBTOTAL	\$ 1,121.00					

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SCHEDULE A	(CONT.)
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CALIFORNIA ...

Statement covers period

					July 1, 2020 Sept. 19, 2020		30 of 54		
NAME OF FILER				through		Page_			
Foley for M	ayor 2020					1.D. NU 14270			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	HIS CALENDAR YE		CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
08/26/20	Bassam Marjioya	☑IND □COM □OTH □PTY □SCC	Sales Manager Shishaland	249.00	249.00 249.		249.00		
08/27/20	Yael Aronoff	☑IND □COM □OTH □PTY □SCC	Self Employed	249.00	249.00				
08/27/20	Susan Kuntz	☐IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	200.00				
08/27/20	Elizabeth Parker	☑IND □COM □OTH □PTY □SCC	Foundation Specialist Coast Community College District	150.00	150.00				
08/28/20	Steve Dzida	☑IND □COM □OTH □PTY □SCC	Attorney Dzida, Carey & Steinman	249.00 249		00			
			SUBTOTAL	997.00					

*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

NAME OF FILER		Amounts may to whole (Statement covers period from July 1, 2020 through Sept. 19, 2020		CALIFORNIA 460 FORM 54 Page 31 of 54 I.D. NUMBER			
Foley for M	1ayor 2020					14270)44		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CALENDAR YEAR TO DATE		PER ELECTION TO DATE (IF REQUIRED)
08/28/20	C. Mark Hopkins	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00				
08/30/20	Megan Anderson	☑IND □COM □OTH □PTY □SCC	Librarian Newport-Mesa Unified School District	100.00	200.00				
08/30/20	Ivan Calderon	ZIND COM OTH PTY SCC	CEO Taco Mesa, Inc.	249.00	249.	00			
08/31/20	Tony Bedolla	☑IND □COM □OTH □PTY □SCC	Business Agent OC Professional Firefighters Association	100.00	120.	20			
09/19/20	Tony Bedolla	☑IND □COM □OTH □PTY □SCC	Business Agent OC Professional Firefighters Association	20.20	120.	20			
			SUBTOTALS	569.20			190		

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OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA 460

July 1, 2020 from_ Sept. 19, 2020 Page ______ of ___ through_ I.D. NUMBER

Statement covers period

NAME OF FILER

Foley for Mayor 2020

Foley for M	ayor 2020	320 3			1427	7044
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/20	Suzanne Gauntlett	☑IND □COM □OTH □PTY □SCC	Operations Guantlett & Associates	500.00	1,000.00	
08/31/20	Stephanie Oddo	☑IND □COM □OTH □PTY □SCC	Founder Healthcare Mask Collaborative	100.00	100.00	
08/31/20	Harley Rouda	☑IND □COM □OTH □PTY □SCC	US Congressman	25.00	225.00	
09/19/20	Harley Rouda	☑IND □COM □OTH □PTY □SCC	US Congressman	200.00	225.00	
09/04/20	Orange County League of Conservative Voters P.O. Box 1223961 Huntington Beach, CA 92647	☐IND ☐COM ☐OTH ☐PTY ☐SCC		300.00	300.00	
_			SUBTOTAL	1 125 00		

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

					from July 1, 2020		FORM 460		
				through Sept.	19, 2020	Page _	33 of 54		
NAME OF FILER				site.		I.D. NUI	MBER		
Foley for M	Foley for Mayor 2020					14270)44		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)		
09/04/20	WAVE 2525 Ocean Boulevard, #A-2 Corona del Mar, CA 92625	□IND □COM □OTH □PTY □SCC		1,000.00	1,000.00		1,000.00		
09/19/20	Katherine Arthur	DIND COM OTH PTY SCC	Oil & Gas Engineer State of California DOGGR	249.00	249.00				
09/10/20	CWA - COPE PCC 501 3rd Street, NW Washington, DC 20001	□IND □COM □OTH □PTY □SCC		1,000.00	1,000.00				
09/13/20	Gena Reed	DIND COM OTH PTY SCC	Not Employed	250.00	250.00				
09/14/20	Fritz Hoelscher	☑IND □COM □OTH □PTY □SCC	Retired	2,500.00	2,500.0	00			
		-	SUBTOTAL	\$ 4,999.00					

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

July 1, 2020

Sept. 19, 2020

34, 54

from.

TAME OF FILER
FOLEY FOR MAYOR 2020

TO SEPT. 19, 2020

Page 34 of 54

I.D. NUMBER
1427044

IAMOUNT CUMULATIVE TO DATE PER ELECTION

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/30/20	Judith Jelinek	☑IND □COM □OTH □PTY □SCC	Not Employed	250.00	250.00	
09/14/20	Richard McNeil	☑IND □COM □OTH □PTY □SCC	Attorney Crowell & Moring	250.00	250.00	
09/16/20	Robert Gibson 1851 E. First Street, Suite 650 Santa Ana, CA 92705	☑IND □COM □OTH □PTY □SCC	Attorney Gibson & Hughes	500.00	1,500.00	
09/16/20	Jávier Vasquez	□IND □COM □OTH □PTY □SCC	CEO MCPM	249.00	249.00	
09/16/20	California Teamsters Public Affairs Council 1127 11th Street, Suite 512 Sacamento, CA 95814	☐IND ☐COM ☐OTH ☐PTY ☐SCC		249.00	249.00	
			SUBTOTALS	1,498.00		

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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Type or print in ink. Amounts may be rounded SCHEDULE A (CONT.)

nonetary	letary Contributions Received		to whole dollars.			from Sept. 19, 2020			CALIFORNIA 460 FORM 54 Page 35 of 54		
AME OF FILER							I.D. NUN	BER			
Foley for M	ayor 2020						14270	44			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOL RECEIVE PERI	D THIS	CUMULATIVE TO CALENDAR Y	EAR	TO	LECTION DATE		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/17/20	UA Journeymen &Apprentices 18355 S. Figuero Street Gardena, CA 90248	☐IND ☐COM ☐OTH ☐PTY ☐SCC		249.00	249.00	
09/17/20	Orange County Professional Firefighters Assoc. 1342 Bell Avennue, Suite 3A Tustin, CA 92780	□IND □COM □OTH □PTY □SCC		1,000.00	1,000.00	
09/18/20	Cottie Petrie-Norris for Assembly 2020 1787 Tribute Road, Suite K Sacramento, CA 95815	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	500.00	
09/18/20	Beth Hickman	☑IND □COM □OTH □PTY □SCC	Not Employed	100.00	100.00	
09/18/20	Andrew Thornburn	☑IND □COM □OTH □PTY □SCC	Retired	500.00	1,000.00	
			SUBTOTALS	2,349.00		

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NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from July 1, 2020	CALIFORNIA 460
through Sept. 19, 2020	Page 36 of 54
100	I.D. NUMBER

Foley for Mayor 2020							1427044			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)			
09/18/20	Eric Traut 5 Hutton Centre, Suite 700 Santa Ana, CA 92707	☑IND □COM □OTH □PTY □SCC	Attorney Traut Law Firm	250.00	250.00					
09/18/20	Connor Traut	☑IND □COM □OTH □PTY □SCC	Mayor Pro-Tem City of Buena Park	100.00	100.	.00				
09/18/20	Joseph Weber	IND COM OTH PTY SCC	Attorney Self-Employed	250.00	250.	.00				
09/19/20	Lilia Ballesteros	IND COM OTH PTY SCC	Attorney Rose Klein & Marias	100.00	125.	.00				
09/19/20	Ada Briceno	DIND COM OTH PTY SCC	Co-President UNITE HERE Local 11	100.00	100.	.00				
	SUBTOTAL\$ 800.00									

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Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received		to whole o	be rounded follars.	Statement covers period from July 1, 2020		CALIFORNIA 460	
				through Sept.	19, 2020	Page _	37 of 54
NAME OF FILER						I.D. NUI	MBER
Foley for M	ayor 2020					14270)44
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
09/19/20	Mary Cappellini	☑IND □COM □OTH □PTY □SCC	Consultant Self Employed	100.00	100.00		
09/19/20	Kim Carr	☑IND □COM □OTH □PTY □SCC	National Sales Manager KUSI-TV	100.00	100.00		
09/19/20	Joelle Casteix	☑IND □COM □OTH □PTY □SCC	Advocate Self-Employed	250.00	250.00		
09/19/20	Martin Diedrich	☑IND □COM □OTH □PTY □SCC	Business Owner Kean Coffee	100.00	100.00		
09/19/20	Andrew Dorsey	☑IND □COM □OTH □PTY □SCC	Business Owner Social	500.00	500.	00	
			SUBTOTAL	1,050.00			

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NAME OF FILER

Foley for Mayor 2020

Type or print in ink.

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

through Sept. 19, 2020 Page 38 of 54

Statement covers period

from_

July 1, 2020

I.D. NUMBER 1427044

			The second secon		Mary Control of the C	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/20	John Hanna	☑IND □COM □OTH □PTY □SCC	Attorney/Business Agent Southwest Regional Council of Carpenters	100.00	100.00	
09/19/20	Michael Hickman	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
09/19/20	Nancy Kriz	☑IND □COM □OTH □PTY □SCC	Not Employed	500.00	500.00	
09/19/20	Stephanie Malauil	☑IND □COM □OTH □PTY □SCC	Attorney Satterthwaite Malayil Legal Group, P.C.	249.00	249.00	
09/19/20	Phil Michels	DIND COM OTH PTY SCC	Attorney Self-Employed	250.00	250.00	
			SUBTOTALS	1,199.00		

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PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

649.00

SUBTOTAL\$

Monetary Contributions Received		to whole o					ACM STATE	4 60
Foley for M	ayor 2020					1.D. NUI 14270		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO DA (IF REQL	TE.
09/19/20	Susan Naples	DIND COM OTH PTY scc	Property Manager Cardinal Property Management	100.00	100.00			
09/19/20	Keith Scheinberg	DIND COM OTH PTY SCC	Attorney Self-Employed	1 400 00 1 4		.00	MEIII ES	
09/19/20	Linda Schulein	☑IND □COM □OTH □PTY □SCC	Retired	100.00 10		.00		66
09/19/20	Jen Solano	DIND COM OTH PTY SCC	Administrator Special Education - Tustin Unified School District	100.00	100	.00		
09/19/20	Don Stall	☑IND □COM □OTH □PTY □SCC	Retired	249.00	249	.00		

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA ACO

Statement covers period

				from July 1	, 2020	FORM 400
				through Sept.	19, 2020 Page	40 of 54
NAME OF FILER					I.D. N	IUMBER
Foley for M	ayor 2020				142	7044
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/20	Timothy Steed	☑IND □COM □OTH □PTY □SCC	Assistan General Manager - OC Employees Association	100.00	200.00	
09/19/20	Tammy Tran	DIND COM OTH PTY SCC	Senior Community Liaison - Southern California Edison	100.00	100.00	
09/19/20	Ralph Taboada	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
09/19/20	Kymber Ward	☑IND □COM □OTH □PTY □SCC	Chief Operating Officer Yummi Karma	100.00	100.00	
09/18/20	Thomas E. Arnold	☑IND □COM □OTH □PTY □SCC	Retired	500.00	3,100.00	
			SUBTOTAL	\$ 900.00		

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Statement covers period to whole dollars. July 1, 2020 through Sept. 19, 2020		, 2020	FORM 460 Page 41 of 54		
NAME OF FILER						I.D. NU	MBER
Foley for M	layor 2020					14270	044
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
09/18/20	Karen Clark	DIND COM OTH PTY SCC	Retired Attorney 100.00		100.	.00	
09/09/19	Diane Dunn	☑IND □COM □OTH □PTY □SCC	Library Assistant UCI	249.00	249.00		
09/19/20	Melahat Rafiei	☑IND □COM □OTH □PTY □SCC	Consultant Self-Employed	249.00	249.00		
08/28/20	Susan Tate	☑IND □COM □OTH □PTY □SCC	Not Employed	249.00	249	.00	
09/19/20	Timothy Steed	☑IND □COM □OTH □PTY □SCC	Assistant General Manager - OC Employees Association	100.00	200.	.00	
			SUBTOTAL	\$ 947.00			

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OTH - Other (e.g., business entity)

PTY - Political Party

Schedu Nonmo	le C netary Contributions Received		Amounts may be rounded to whole dollars.		St	atement covers p			schedule ORNIA 460 RM
	TIONS ON REVERSE				throu	gh Sept. 19,	2020	Page	42 of 54
NAME OF FILE								I.D. NUM	BER
Foley for	Mayor 2020		,					142704	14
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTER, ALSO ENTER 1.D., NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 - I	TE IR YEAR	PER ELECTION TO DATE (IF REQUIRED)
09/19/20	The Foley Group, PLC 1072 Bristol Street, Suite 101 Costa Mesa, CA 92626	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		office rent, telephone, receptionist, internet,		3,000.00			
200000000000000000000000000000000000000		OTH		computer, scanner, stora unlimited photocopying	ge,				
-		□IND □COM □OTH □PTY □SCC		& printing & periodic staffin 07/01/20 - 09/01/20	g				
07/29/20	Playa Mesa 428 East 17th Street Costa Mesa, CA 92627	□IND □COM □OTH □PTY □SCC		Margarita Kits guests participating in virtual fundrais		\$90.00			
Attach add	litional information on appropriately labeled	continuation :	sheets.	SUBTO	TAL\$	3,090.00			
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone	-	***************************************			3,792.50 0	- IND- COM OTH	(other th	nt Committee an PTY or SCC) g., business entity)

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ ___

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

3,792.50

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA July 1, 2020 FORM from Sept 19, 2020 Page 43 of 54 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Foley for Mayor 2020 1427044

	v						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/26/20	Old Vine Kitchen & Bar 2937 Bristol Street, A-103 Costa Mesa, CA 92626	□IND □COM □OTH □PTY □SCC		Wine for Virtual Wine Tasting Event	702.50		
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
Attach add	ditional information on appropriately label	SUBTOTAL \$	702.50				

Schedule C Summary	
Amount received this period – itemized nonmonetary contributions.	
(Include all Schedule C subtotals.)	\$

0.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3.	lotal nonmonetary contributions received this period.	
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement covers	· CA	CALIFORNIA 460	
SEE INSTRUCTI	IONS ON REVERSE			through Sept. 19			
	Mayor 2020					NUMBER 27044	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 31)	R TO DATE	
05/31/20	Loren Gameros for City Council 2020	Monetary Contribution Nonmonetary Contribution Independent		100.00	100.0	0	
	☑ Support ☐ Oppose	Expenditure					
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTA	aL \$	W Table		
1. Itemized	D Summary contributions and independent expenditures maded contributions and independent expenditures maded contributions.						
3. Total conf	tributions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter o	n the Summary Page.)	TOTAL	\$ 100.00	

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.			fro	Statement cover July 1, 2 ough Sept. 19	SCHEDULE EIFORNIA 460 ORM 54 UMBER	
Foley for Mayor 2020						1427	044
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expense PET petition circu PHO phone banks POL polling and s POS postage, deli	umunication d appearan ses lating i urvey reses ivery and m	ns Ces		radio airlime and returned contribut campaign worke t.v. or cable airlifuc candidate travel, staff/spouse trav transfer between voter registration	I production costs utions rs' salaries ne and production co lodging, and meals rel, lodging, and meals committees of the salar	s ame candidate/sponsor
NAME AND ADDRESS OF PAYEE OF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Constant Contact 1601 Trapelo Road Waltham, MA 02451		WEB					115.00
COGS South 3309 South Main Street Santa Ana, CA 92707		СМР					6,341.96
Staples 4343 MacArthur Bouevard Newport Beach, CA 92660		OFC					140.05
* Payments that are contributions or independent expenditures must also be	summarized on Scho	edule D.				SUBTOTAL	\$ 6,597.01
Schedule E Summary							
Itemized payments made this period. (Include all Schedule	E subtotals.)	• • • • • • • • • • • • • • • • • • • •	,		•••••	\$	57,769.69
2. Unitemized payments made this period of under \$100							045.70
3. Total interest paid this period on loans. (Enter amount from							0
4. Total navments made this period. (Add Lines 1, 2, and 3, 5	Enter here and on	the Sum	mary Page, Col	umn A. Line	6.}	TOTAL \$	57,985.41

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460
from July 1, 2020	FORM 400
through Sept. 19, 2020	Page 46 of 54
33338	I.D. NUMBER
	1427044

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

PRT print ads

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events

independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

POL polling and survey research TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

Cit suinhaidi literatera and maninga		77EG Milomon iganicio	ay costs (atternet, c-inally
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Costa Mesa - City Clerks Office 77 Fair Drive Costa Mesa, CA 92626	FIL	Candidate Filing	765.99
Deane and Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO	Treasurer	898.92
Deane and Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO	Treasurer	701.50
Deane and Company 1787 Tribute Road, Suite K Sacramento, CA 95815	PRO	Treasurer	1,148.92
Presidio Stategies LLC 9450 SW Gemini Drive, #98498 Beaverton, OR 97008	PRO	Digital Marketing	13,400.00
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.		SUBTOTAL \$ 16,915.33

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fpoc.ca.gov

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** July 1, 2020 from Sept 19, 2020 through Page I.O. NUMBER 1427044

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs meetings and appearances CNS campaign consultants RFD returned contributions office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events POL polling and survey research staff/spouse travel, lodging, and meals FND postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor TSF IND

professional services (legal, accounting) legai defense campaign literature and mailings PRT print ads

VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DeSnoo & DeSnoo CNS P. O. Box 11426 3.000.00 Santa Ana, CA 92711 Slatemailer CAL SAL LIT 22410 Hawthorn Boulevard, Suite 5 1.058.00 Torrence, CA 90505 Software Organizing Political Data, Inc. 1,700.00 P.O. Box 59570 Norwalk, CA 90652 Slatemailer Larry Levine's Election Digest LIT 1.804.00 22410 Hawthorn Boulevard, Suite 5 Torrence, CA 90505 Slatemailer **Budget Watch Dogs** LIT 3.208.00 22410 Hawthorn Boulevard, Suite 5 Torrence, CA 90505

SUBTOTAL S

10,770.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA 460

from July 1, 2020 FORM 46 through Sept. 19, 2020 Page 48 of 54

I.D. NUMBER 1427044

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphemalia/misc.
CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

ND independent expenditure supporting/opposing others (explain)*

LEG legal defense

IT campaign literature and mailings

MBR member communications

MTG meetings and appearances
OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL. I.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meats

SF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide 22410 Hawthorn Boulevard, Suite 5 Torrance, CA 90505	LIT	Statemailer	1,096.00
DeSnoo & DeSnoo P. O. Box 11426 Santa Ana, CA 92711	LIT		12,500.00
Continuing the Republic Revolution 1300 Bristol Street, Suite 100 Newport Beach, CA 92660	LIT	Slatemailer	900.00
Constant Contact 1601 Trapelo Road, Suite 329 Waltham, MA 02451	WEB		115.00
DeSnoo & DeSnoo P. O. Box 11426 Santa Ana, CA 92711	LIT		2,912.74
* Payments that are contributions or independent expenditures must also be summarized of	n Schedule D	subtot/	AL\$ 17,523.74

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from July 1, 2020	CALIFORNIA 460	
through Sept. 19, 2020	Page 49 of 54	
	I.D. NUMBER 1427044	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OVP campaign paraphernalia/misc.

CNS campaign consultants

CNS campaign consultants

MRR meetings and appearances

MRR meetings and appearances

OFC office expenses

CTB contribution (explain nonmonetary)*

OFC office expenses

CVC civic donations

PET petition circulating

petition circulating

petition circulating

phone banks

TRC candidate travel, lodging, and meals

FND fundraising events

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

independent expenditure supporting/opposing others (explain)'

POS postage, delivery and messenger services

TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration
LIT campaign literature and mailings PRT print ads VOT voter registration
WEB information technology costs (Internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
	July 2020 merchant fees	59.57
	August 2020 merchant fees	182.20
	September 2020 merchant fees	25.64
	07/01/20 - 07/15/20 merchant fees	110.26
	07/16/20 - 07/30/20 merchant fees	80.23
	CODE	July 2020 merchant fees August 2020 merchant fees September 2020 merchant fees 07/01/20 - 07/15/20 merchant fees

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

457.90

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA ACO
fromJuly 1, 2020	FORM 400
through Sept. 19, 2020	Page 50 of 54
Paraticle - Commission - Commis	I.D. NUMBER 1427044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs MTG meetings and appearances CNS campaign consultants RFD returned contributions OFC office expenses contribution (explain nonmonetary)* SAL campaign workers' salaries CTB PET petition circulating TEL 1.v. or cable airtime and production costs CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/baltot fees polling and survey research FND fundraising events staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT orint ads WEB information technology costs (internet, e-mail)

	08/01/20 - 08/15/20	
	merchant fees	16.57
	08/16/20 - 08/30/20 merchant fees	135.20
	09/01/20 - 09/19/20 merchant fees	110.71
PRO	Payrolt Processing 08/11/20 - 08/25/20	116.12
SAL	Payroll for Kimberlee Belli 08/11/20 - 08/25/20	62.79
		O9/01/20 - 09/19/20 merchant fees Payroll Processing 08/11/20 - 08/25/20 Payroll for Kimberlee Belli

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL S

441.39

SEE INSTRUCTIONS ON REVERSE

Foley for Mayor 2020

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

ts may be rounded	Statement covers period	CALIFORNIA 460	
whole dollars.	fromJuly 1, 2020	FORM 46U	
	through Sept 19, 2020	Page 51 of 54	
		I.D. NUMBER 1427044	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphematia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL 1.v. or cable airlime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meats polling and survey research fundraising events TRS staff/spouse travel, lodging, and meats transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services ND TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER (D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Adam Cavecche 08/11/20 - 08/25/20	118.75
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Avery Counts 08/11/20 - 08/25/20	599.67
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Susan Dvorak 08/11/20 - 08/25/20	1,180.75
ActBlue	FND	June merchant fees	51.00
Constant Contact	WEB		115.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2,065.17

Type or print in ink. Amounts may be rounded to whole dollars.

POL polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** July 1, 2020 from Sept. 19, 2020 through Page I.D. NUMBER 1427044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRT

CMP campaign paraphemalia/misc. MBR member communications MTG meetings and appearances CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)* PET petition circulating CVC civic donations phone banks candidate filing/ballot fees FIL

FND fundraising events independent expenditure supporting/opposing others (explain)* ND

LEG legal defense

campaign literature and mailings

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

Ti Cattibaidit iliteratine aun mannida	11(1 pink 646		THE MINIMARCH LEGITIONS COSTS (INTERNET,	C-114811)
NAME AND ADDRESS OF PAYEE RF COMMITTEE, ALSO ENTER LD. NUMBER	coc	DE (OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	S	AL	Payroll taxes, workerscomp and deductions for Kimberlee Belli, Adam Cavecche, Avery Counts and Susan Dvorak	698.52
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	PI	RO	Payroll Procession	118.14
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	s	AL	Payroll for Kimberlee Belli 08/26/20 - 09/10/20	187.27
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	s	SAL	Payroll for Adam Cavecche 08/26/20 - 09/10/20	200.97
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	s	SAL	Payroll for Avery Counts 08/26/20 - 09/10/20	1,124.04
The state are contributions or independent expanditure	e must also be summarized on Sched	dula D.	SUBTOTAL	\$ 2,328.94

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

2,320,94

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mad	te

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from July 1, 2020	CALIFORNIA 460
through Sept. 19, 2020	Page 53 of 54
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications CVP campaign paraphemalia/misc. RAD radio airtime and production costs MTG meetings and appearances RFD returned contributions CNS campaign consultants OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meats POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events FND

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services POS LEG legal defense

campaign literature and mailings

professional services (legal, accounting) VOT voter registration print ads

TSF transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex 1035 Scenic Avenue, Suite100 Costa Mesa, CA 92626	SAL	Payroll taxes, workerscomp and deductions for Kimberlee Belli, Adam Cavecche, Avery Counts and Susan Dvorak	486.93
Kimberlee Belli 1072 Bristol Street, Suite 100 Costa Mesa, CA 92626	OFC	Reimbursement for office supplies and postage	183.28

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL S

670.21

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.		SCHEDULE		
				Statement covers period		CALIFORNIA 460
				from July 1,	2020	FORM 400
SEE INSTRUCTION	NS ON REVERSE			through Sept. 1	19, 2020	Page 54 of 54
NAME OF FILER		N. 5000				I.D. NUMBER
Foley for Ma	yor 2020					1427044
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DES	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
09/01/20	Stephens for Costa Mesa D1 2020		shared payroll ex	kpenses		3,000.00
						2
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL					SUBTOTAL S	3,000.00
Schedule 1	Summary					
1. Itemized increases to cash this period.				\$	3,000.00	
2. Unitemized increases to cash of under \$100 this period					_	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)						(2)
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)				TOTAL \$	3,000.00	